

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R.N.M.		069-27-01
O.I.P.E. CLASSIFIER		43	7/3/61
FORMALITY REVIEW	n.f	50170	08/113/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	1/8/62
Original	1/2/62
1	✓ ✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓ ✓
4	○ = = = =
5	✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓
7	○ ○
8	○ ○
9	✓
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15	
16	
17	
18	✓ ✓ ○
19	○ ○ ○
20	○ ○ ○
21	✓ ✓ ✓
22	○ ○ ○
23	○ ○ ○
24	○ ○ ○
25	✓ ✓ ✓ ○
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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